

IRA Required Minimum Distribution (RMD) Election Form

Mailing Address

Regular Mail:
Dodge & Cox Funds
P.O. Box 219502
Kansas City, MO 64121-9502

Express, Certified, or Registered Mail:
Dodge & Cox Funds
430 W 7th Street, Suite 219502
Kansas City, MO 64105-1407

**Part 1
Current Account Information**

Name/Account Registration

____ - ____ - ____ (____)
Social Security Number Contact Phone Number

**Part 2
Calculation Method**

Select A, B, or C (and subsequent elections) to indicate your calculation method. If you elect to have your RMD distributed on a recurring basis, please provide all information requested. If a start date is not provided, distributions begin as soon as the form is received. If a day is not provided, we default to on or about the 5th of the month.

NOTE: Rules related to distributions from IRAs are complex, and it is your responsibility to ensure that the requested IRA distribution complies with all IRS rules. Please consult with your own tax advisor regarding your individual circumstances.

For Option A:
Complete 1, 2,
and 3 (if applicable)

A. Life Expectancy Distributions

Establish periodic distributions from the account(s) based on life expectancy or a complete distribution over a fixed number of years as calculated by Dodge & Cox Funds.

1. Method of determining distribution amounts based upon:

- My age using the IRS Uniform Lifetime Table.
- The joint life expectancy of my spouse and I using the IRS Joint Life Expectancy Table.
This option can only be used if your spouse is your sole beneficiary and your spouse is more than 10 years younger than you.

Spouse's: Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

- A complete distribution over _____ years. **Number of years may not exceed the distribution period allowed under the IRS Uniform Lifetime Table or your joint life expectancy with your spouse as beneficiary (IRS Joint Life Expectancy Table).**

2. I would like these payments distributed to me:

Frequency: Monthly Quarterly Semi-annually Annually

Start Date (Month/Year): _____ Day of Month: _____

- 3. **If assets in the account were not invested in the Dodge & Cox Funds as of the prior year-end,** provide prior year-end value of IRA assets. \$ _____

B. Periodic Distributions

I accept responsibility for meeting the RMD requirements.

Establish periodic distributions in the amount of \$ _____

Frequency: Monthly Quarterly Semi-annually Annually

Start Date (Month/Year): _____ Day of Month: _____

C. One-time Distribution

I accept responsibility for meeting the RMD requirements.

I would like to take a **one-time** distribution of \$ _____

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Part 3 RMD Election

Please select one of the partial distribution methods below. If no election is made, life expectancy distributions will be made pro-rata based upon each Fund account's prior year end balance.

Take my partial distribution: Pro rata **OR** As indicated below:

Fund	Account Number	\$	or	%
Fund	Account Number	\$	or	%
Fund	Account Number	\$	or	%
Fund	Account Number	\$	or	%
Fund	Account Number	\$	or	%
Fund	Account Number	\$	or	%
		TOTAL:		
		\$	or	100%

Part 4 Income Tax Withholding and Certification

If you elect not to have withholding apply to your distributions, you are still responsible for payment of any tax due. You may incur penalties under the estimated tax rules if your withholding and estimated tax payment(s) are not sufficient.

Federal Income Tax Withholding: Federal taxes will automatically be withheld from distributions at the rate of 10%, unless you check one of the boxes below.

- I do not wish to have federal taxes withheld.
- Withhold federal taxes at the rate of _____ % (Minimum 10%)

State Income Tax Withholding: Applicable ONLY to AR, CA, CT, DC, DE, IA, KS, ME, MA, MI, MS, NE, NC, OK, OR, VT, VA. In most cases, if federal taxes are withheld, mandatory state tax withholding will apply, unless you check one of the boxes below. Some states have additional requirements in order to opt out of mandatory state tax withholding, (e.g., Connecticut or Michigan). Consult with your tax advisor or refer to your state's tax laws for more information.

Notice to Connecticut Residents: There is a mandatory state withholding regardless of your federal withholding election unless you have provided a Form CT-W4P indicating an exemption to, or alternate rate of withholding.

- I do not wish to have state taxes withheld.
- Withhold state taxes at the rate of _____ % of the total distribution, or in the amount of \$ _____ (Refer to your state for minimum withholding amount)

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Part 4
Income Tax Withholding
and Certification
(continued)

Note to U.S. citizens living abroad and nonresident aliens: Withholding may not be waived by U.S. citizens receiving payments outside of the United States. Withholding for non-U.S. citizens is subject to tax treaty rules; see IRS Publication 515 for details. If you fall under either of these categories, check the appropriate box below:

- I certify that I am a U.S. citizen living abroad. I understand that payments sent to me abroad are subject to 10% federal tax withholding that cannot be waived.
- I certify that I am a nonresident alien. I am attaching IRS Form W-8BEN to certify my status and to comply with IRS rules. I understand that withholding, if applicable, will be applied to my distribution amounts based upon my W-8BEN certification or lack thereof.

Part 5
Distribution
Instructions

I would like the distribution proceeds:

- A. Sent electronically to a bank account. **A Medallion Signature Guarantee is required only if you are establishing new banking instructions on your account. To do so, enclose a voided check (checking account) or a deposit slip (savings account).**
- ACH (Automated Clearing House) Wire
- B. Sent by check to me at the address on the account. **A Medallion Signature Guarantee is required if the account address was updated within the last 15 days.**
- Regular Mail Overnight Mail (\$15 fee will apply)
- C. Sent by check to me at the alternate address below. **A Medallion Signature Guarantee is required.**
- Regular Mail Overnight Mail (\$15 fee will apply)

Alternate Mailing Address

City

State

Zip Code

- D. Sent by check to person or entity listed below. **A Medallion Signature Guarantee is required.**
- Regular Mail Overnight Mail (\$15 fee will apply)

Name of Payee

Mailing Address of Payee

City

State

Zip Code

- E. Deposit to a Dodge & Cox Funds account.
- Existing Account: Fund _____ Account # _____
- Your name must be listed in the registration of the account.**
- New Account (Attach completed Account Application). **Your name must be listed in the registration of the new account and you must meet the investment minimum of \$2,500 per Fund.**

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Part 6
Certifications
and Signatures

I, the undersigned, authorize and request that UMB Bank, n.a., as custodian for my IRA, make the above distribution(s) from the account(s) listed in Part 3. I acknowledge that the box checked in Part 4 is correct, and I am aware of the possible tax consequences of these distribution(s). I understand that I am responsible for determining that the minimum distribution requirement is met each year for my traditional IRA and that failure to meet this requirement may result in tax penalties. I agree to indemnify and hold Dodge & Cox, Dodge & Cox Funds, DST Asset Manager Solutions, Inc., UMB Bank, n.a., and any affiliate and/or any of their directors, trustees, employees, and agents harmless in this regard for elections I have made, and for any actions taken as a result of the information and instructions I have provided.



Signature of IRA Owner

____/____/____
Date

Medallion Signature Guarantee (if applicable)

NOTE: A medallion signature guarantee may be obtained from a domestic bank or trust company, broker, dealer, clearing agency, savings association, or other financial institution which participates in a Medallion program recognized by the Securities Transfer Association. Signature guarantees from financial institutions which do not participate in a Medallion program will not be accepted. A notary public cannot provide signature guarantees.